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APPLICANTS

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\*\* CONTINUING DATA *OK MB* \*\*\*\*\*  
 This appln claims benefit of 60/227,050 08/21/2000  
 and claims benefit of 60/225,191 08/14/2000

\*\* FOREIGN APPLICATIONS *None MB* \*\*\*\*\*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\* SMALL ENTITY \*\*  
 \*\* 08/02/2001

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY MN	SHEETS DRAWING 8	TOTAL CLAIMS 44	INDEPENDENT CLAIMS 5
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance <i>MB</i> Verified and Acknowledged Examiner's Signature <i>MB</i> Initials <i>MB</i>				

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TITLE  
 TRANSVERSE CAVITY DEVICE AND METHOD

<input type="checkbox"/> All Fees
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